

KENTUCKY DEPARTMENT OF VETERANS AFFAIRS

TITLE VI COMPLAINT FORM

(Note: We are asking for the following information to assist in processing your complaint. If you need help in completing this form please let us know).

Complainant Information:

Name: _____

Mailing Address: _____

Telephone Number: (Home) _____

Telephone Number: (Work) _____

Person Discriminated Against (if someone other than complainant

Which of the following best describes the reason you believe the discrimination took place?

Race/Color (Specify) _____ National Origin (Specify) _____

On what date did the alleged discrimination take place? _____

Describe the alleged discrimination. Explain what happened and who you believe was responsible (if additional space is needed, add a sheet of paper).

List the names and contact information of persons who may have knowledge of the alleged discrimination.

Have you filed this complaint with any other federal, state, local agency, or with any federal or state court? Check all that apply.

Federal Agency_____

State Agency_____

Local Agency:_____

Federal Court: _____

State Court:_____

Send to: John Ostroske, 1111B Louisville Road, Frankfort, Kentucky 40601. Telephone-(502) 564-9203.
FAX No. (502) 564-9240. Email: john.ostroske@ky.gov